



Notification of Injury, Illness or Critical Incident

This form is to be used to report injury or illness of children or youth in child care or school age programs.

Name of Facility exactly as it appears on the License		License/Certificate #	Date Completed (MM/DD/YYYY)
Street Address of Facility	City	County	

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SECTION I: TYPE OF NOTIFICATION:

Indicate type of report: ☐ Illness ☐ Injury ☐ Critical Incident such as missing child, fire, etc.

Provide a summary of the incident:

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SECTION II: WHO WAS INVOLVED:

First and Last Name of Child or Youth	Date of Birth (MM/DD/YYYY)
First and Last Name of adults responsible and/or observing the incident.	Relationship to the Facility (Staff member, Volunteer, etc.)

SECTION III: DESCRIPTION OF INJURY, ILLNESS OR CRITICAL INCIDENT:

Date of Incident MM/DD/YYYY	Description of Injury , Illness or Critical Incident including what happened, time of day, location of children or youth at the time, etc.	Remarks about the child's initial appearance and condition if illness or injury	Action taken by the facility. What did you do?	Was Medical attention required? (Yes or No)

NOTES

Date	Comments/remarks.

I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Print First and Last Name of Individual Completing this form:	
Signature	Date Signed (MM/DD/YYYY)